

Case Number:	CM15-0001036		
Date Assigned:	01/12/2015	Date of Injury:	01/16/2012
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male, who sustained an industrial injury on 1/16/12. He has reported low back pain and spasms. The diagnoses have included lumbar pain and degenerative disc disease. Treatment to date has included an MRI in 2012, physical therapy, TENS unit and oral medications. Currently, the injured worker complains of progressing pain in the buttock and leg, which radiates to the calves. The treating physician is requesting a lumbar MRI. On 12/18/14 Utilization Review non-certified a request for a lumbar MRI. The UR physician cited the ACOEM guidelines, Chapter 12 for low back pain. On 1/5/15, the injured worker submitted an application for IMR for review of lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The progress report dated December 11, 2014 documented that bowel and bladder function were normal. The patient did not complain of significant weakness. Regarding the physical examination, the motor examination was 5/5. The patient was noted to have some lumbar spasms. No evidence of cauda equina, tumor, infection, or fracture was documented. The 12/11/14 physical examination did not demonstrate evidence of significant acute pathology. The request for lumbar MRI magnetic resonance imaging is not supported by the medical records or MTUS guidelines. Therefore, the request for lumbar MRI is not medically necessary.